
Facing Agoraphobia Situations

Date: _____

Situation: _____

End Goals (excluding superstitious objects, safety signals, safety behaviors, and distractions): _____

Today's Goals: _____

Negative Thought (i.e., whatever it is you are most worried about happening): _____

How many times has it happened? _____

What is the evidence? _____

What are the real odds? (0-100) _____

Ways of coping: _____

Did what I most worried about occur? (Yes/No) _____

Maximal anxiety (0-10): _____

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None Mild Moderate Strong Extreme
